

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42509  
STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No.

318

Primary Registration District No.

1003

Registration District No. 11303

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardinal Glennon Hosp.</b>				Length of stay in lb <b>12</b>		STREET ADDRESS (If outside, give location) <b>1427 Clinton</b>	
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>Sue</b> Last <b>Renshaw</b>				4. DATE OF DEATH Month <b>11</b> Day <b>24</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>11/12/1957</b>	
9. AGE (In years last birthday)				IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				Months <b>0</b> Days <b>12</b> Hours <b>-</b> Min. <b>-</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
13. FATHER'S NAME <b>Ivan Renshaw</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
14. MOTHER'S MAIDEN NAME <b>Agnes King</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Ivan Renshaw 1427 Clinton</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia; Pyelonephritis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Adreno-genital syndrome, salt-losing type</b> DUE TO (c) <b>Congenital Anomalies - external genitalia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>757.3</b>			
20c. TIME OF INJURY Hour <b>-</b> a. m. <b>-</b> p. m. <b>-</b>				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <b>Nov. 18, 1957</b> to <b>Nov. 24, 1957</b> and last saw her alive on <b>Nov. 24, 1957</b> Death occurred at <b>6:40</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Edwin T. Davis M.D.</b>				22b. ADDRESS <b>Cardinal Glennon Hospital</b>			
22c. DATE SIGNED <b>11/25/57</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Nov. 26, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Baiderwieden F.H. Inc. 1936 St. Louis Ave.</b>				25. DATE RECD. BY LOCAL REG. <b>NOV 25 '57</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

*No Embalming*  
*J. M. Billie*

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.